ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		18	1 4 01
FORMALITY REVIEW	SC	809	1/12/01
RESPONSE FORMALITY REVIEW		712	06-04-01

INDEX OF CLAIMS

✔ Rejected
= Allowed
— (Through numeral)... Canceled
÷ Restricted
N Non-elected
I Interference
A Appeal
O Objected

Claim	Date									
Final	Original	12/9								
		06/04								
		01								
	1	✓	✓							
	2	✓	✓							
	3	✓	✓							
	4	✓	✓							
	5	✓	✓							
	6	✓	✓							
	7	✓	✓							
	8	✓	✓							
	9	✓	✓							
	10	✓	✓							
	11	✓	✓							
	12	✓	✓							
	13	✓	✓							
	14	✓	✓							
	15	✓	✓							
	16	✓	✓							
	17	✓	✓							
	18	✓	✓							
	19	✓	✓							
	20	✓	✓							
	21	✓	✓							
	22	O	O							
	23	O	O							
	24	O	O							
	25	O	O							
	26	O	O							
	27	O	O							
	28	O	O							
	29	✓	✓							
	30	O	O							
	31	O	O							
	32	O	O							
	33	O	O							
	34	O	O							
	35	O	O							
	36	O	O							
	37	O	O							
	38	O	O							
	39	✓	✓							
	40	✓	✓							
	41	✓	✓							
	42	✓	✓							
	43	✓	✓							
	44	✓	✓							
	45	✓	✓							
	46	✓	✓							
	47		✓							
	48		✓							
	49		✓							
	50		✓							

Claim	Date									
Final	Original	9/16								
		01								
	51	✓								
	52	✓								
	53	✓								
	54	✓								
	55	✓								
	56	✓								
	57	✓								
	58	✓								
	59	✓								
	60	✓								
	61	✓								
	62	✓								
	63	✓								
	64	✓								
	65	✓								
	66	✓								
	67	✓								
	68	✓								
	69	✓								
	70	✓								
	71	✓								
	72	✓								
	73	✓								
	74									
	75									
	76									
	77									
	78									
	79									
	80									
	81									
	82									
	83									
	84									
	85									
	86									
	87									
	88									
	89									
	90									
	91									
	92									
	93									
	94									
	95									
	96									
	97									
	98									
	99									
	100									

Claim	Date									
Final	Original									
	101									
	102									
	103									
	104									
	105									
	106									
	107									
	108									
	109									
	110									
	111									
	112									
	113									
	114									
	115									
	116									
	117									
	118									
	119									
	120									
	121									
	122									
	123									
	124									
	125									
	126									
	127									
	128									
	129									
	130									
	131									
	132									
	133									
	134									
	135									
	136									
	137									
	138									
	139									
	140									
	141									
	142									
	143									
	144									
	145									
	146									
	147									
	148									
	149									
	150									

If more than 150 claims or 10 actions staple additional sheet here

(LEFT INSIDE)

Best Available Copy